

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9349
Registrar's No. 2832

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3640 Bowen St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Louise Fricke

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Henry Wm. Fricke 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased December 18 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 8 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown Bauman

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Fricke

(b) Address 3640 Bowen St.

17. (a) Burial (b) Date thereof 3-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway

19. (a) MAR 26 1940 (b) J. F. Budich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3640 Bowen St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th
year 1940 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from December 25th 1939, to March 26th 1940,
that I last saw her alive on March 26th 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular disease of heart Duration 3 months
Due to Chronic Inflammatory Rheumatism

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. H. Fries (M. D. or other) _____
Address 1544 So Broadway Date signed 3/26-40

Mr Alvin Fred De Vries
1544 40 Broadway

9-10 - 3-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Edmund W. Mc Dermott

Licensed Embalmer No.

3024

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.